

P99 00051552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

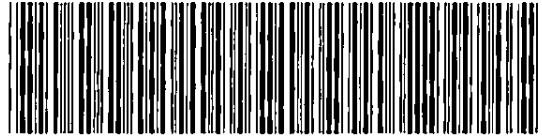
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

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03/25/24--01010--021 \*\*35.00

CLERK OF STATE  
TALLAHASSEE, FL  
03/25/24 PM 1:59

CLERK OF STATE

03/25/24



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Section 607.1403, Florida Statutes, provides for the dissolution of a corporation that has issued shares.**

The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

**NOTE:** A **Notice of Corporate Dissolution** form is attached. This notice pursuant to s. 607.1407, F.S. is optional and is not required when filing a dissolution. No additional fee is required if it is included.

**FEES:**

Articles of Dissolution	\$ 35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$ 8.75
Certificate of Status (optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of LONGLEAF TOWN CENTER, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P99000054857  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK STARKEY  
\_\_\_\_\_

(Name of Contact Person)

PEOPLE PLACES MANAGEMENT, LCC  
\_\_\_\_\_

(Firm/Company)

6332 GRAND BLVD.  
\_\_\_\_\_

(Address)

NEW PORT RICHEY, FL 34652  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

LAUREN HEINSCH  
\_\_\_\_\_

(Name of Contact Person)

at ( 727.297.5122  
\_\_\_\_\_

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

LONGLEAF TOWN CENTER, INC.

SECOND: The document number of the corporation (if known): <sup>P99000054857</sup>

THIRD: The date dissolution was authorized: MARCH 1, 2024

Effective date of dissolution if applicable: MARCH 31, 2024

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: Frank Starkey, MGR MBR

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

FRANK STARKEY

(Typed or printed name of person signing)

OWNER

(Title of person signing)

**Filing Fee: \$35**

FD  
MAR 25 PM 1:59  
DEPT. OF STATE  
TALLAHASSEE, FL

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LONGLEAF TOWN CETER, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: MARCH 31, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

6332 GRAND BLVD. NEW PORT RICHEY, FL 34652

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

FRANK STARKEY

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00